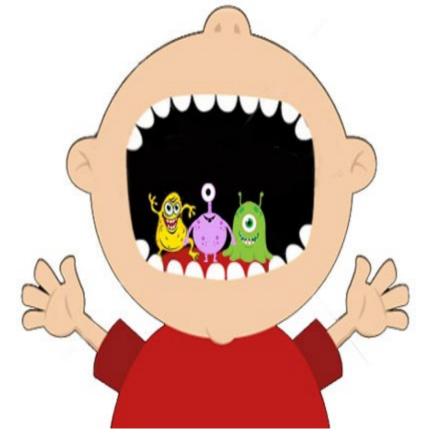


Armed Forces College of Medicine AFCM



Diseases of Oral Cavity

Dr. Riham Abu-Zeid Prof. of Pathology



INTENDED LEARNING OBJECTIVES (ILO)



By the end of this lecture you will

- Describe morphologic features of ulcers of oral cavity
- Explain the pathology of leukoplakia /Erythroplakia
- Recognize tumours of the oral cavity.
- Describe pathology of squamous cell carcinoma of oral cavity
- Correlate pathologic features of oral cavity diseases with their clinical picture and complications

Lecture Plan



- 1. Part 1 (5min): Ulcers of the tongue
- Part 2 (20 min) :Inflammatory lesions of oral cavity –leukoplakia
 & erythroplakia
- 3. Part 3 (15): Tumours of oral cavity
- 4. Lecture Quiz (5 min)

Inflammatory Lesion of Oral Cavity



1- Chelitis: inflammation of lips. eg Herpes simplex

2- Stomatitis: inflammation of mucous membrane of mouth eg Aphthous ulcer

3- Glossitis: Inflammation of tongue

Ulcers of Oral Cavity



- 1. Simple traumatic ulcer: with ragged tooth or ill fitting dentures.
- 2. Aphthous ulcer
- 3. Herpetic ulcers.
- 4. Oral Candidiasis
- 5. Tuberculous ulcer
- 6.Syphilitic ulcer
- 7.Malignant ulcer



Aphthous Ulcers (Canker Sores)



Predisposing factors

- Triggered by stress, fever, ingestion of certain foods
- Self-limited -but may recur

Gross:

- Small-painful -shallow ulcers.
- covered with gray-white exudate with erythematous rim.



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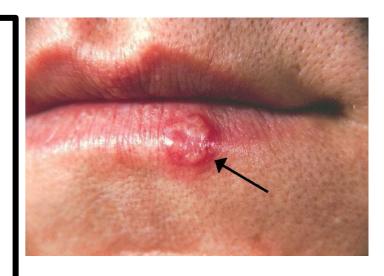
Herpetic stomatitis (cold sores or fever blisters)

Predisposing factors

- Upper respiratory tract infections
- Immunosuppression

Pathogenesis: (Serous inflammation)

- Herpes simplex virus, type I and II infect oral mucosa
- Transmitted from person to person, mostly by kissing



https://upload.wikimedia.org/wikipedia/commons/d/da/Herpes%28PHIL_1573_lores%29.jpg

Herpetic stomatitis



Gross:

- Small vesicles on gingiva, lips, palate & tongue.
- Rupture, leaving shallow, painful ulcers
- Recurrence is common

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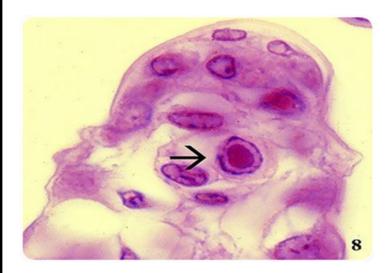
- Infected cells become ballooned develop
- Intra-nuclear acidophilic viral inclusions.

Complications:

 Dissemination (In immunecompromised)



https://media.sciencephoto.com/image/m2600314/800wm



https://s3.amazonaws.com/classconnection/149/flashcards/7156149/png/screen_shot_2015-05-03_at_24805_pm-14D1B1BCD4241DCD1EA-thumb400.png

Oral Candidiasis



Pathogenesis:

 Candida albicans most common fungal infection of oral cavity

Predisposing factors

- Immunosuppression e.g. newborns, diabetics
- Chemotherapy or long term antibiotics

Gross:

- Curd like, circumscribed plaque in oral cavity.
- Pseudomembrane can be scraped off

Mic:

Pseudomembrane +fungal organisms



https://healthjade.net/wp-content/uploads/2017/11/oral-thrush.jpg

Ulcers of Oral Cavity



painful shallow

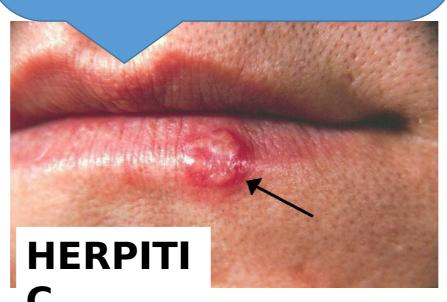
ulcers.

- Stress related
- self limited- Recur
- covered with gray-white

- Herpes simplex virus
- Small vesicles > painful ulcers
- Recur
- ballooned cells & intraneuclear acidophilic inclusions

- Candida albicans
- Curd like
 Pseudomembr
 ane can be
 scraped off
- Pseudomembr ane +fungal organisms







Ulcers of oral cavity (Quiz)



Complete:

1. Intra-nuclear acidophilic viral inclusions are seen in

2. Oral candidiasis appears as

3. Stress related self limited oral ulcers not induced by infection are known as

Ulcers of oral cavity (Quiz)



Complete:

- 1. Intra-nuclear acidophilic viral inclusions are seen in Herpetic stomatitis
- 2. Oral candidiasis appears as curd like pseudomembrane
- 3. Stress related self limited oral ulcers not induced by infection are known as aphthous ulcers

Time to think



A patient presented with these **White**patches **THAT CAN NOT BE**

- Is this due to fungal infection?
- Is it serious ?



https://assets.nhs.uk/prod/ images/BPG54A1.2e16d0ba.fill-



Leukoplakia:

White patch or plaque THAT CAN NOT BE SCRAPPED OFF

and cannot be characterized as any other disease

Erythroplakia:

Red velvety, flat patch(sometimes eroded lesion) without an associated inflammation

Pathogenesis of both:

Unknown cause Strong association with tobacco- use & HPV



https://www.aocd.org/resource/resmgr/ddb_high/leukoplakia_high.jpg



http://www.oralmedicinelondon.co.uk/images/redpatches.jpg

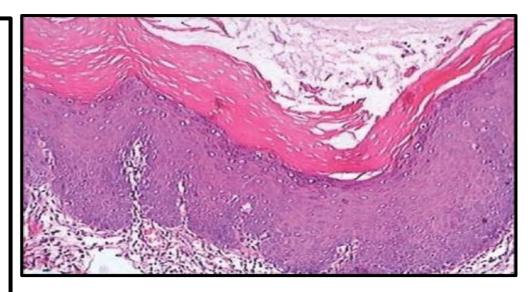


Mic of both

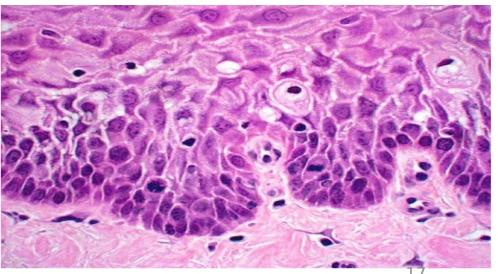
- Hyperplastic stratified squamous epithelium
- Hyperkeratosis/Parakeratosis
- without underlying epithelial dysplasia or with mild to severe dysplasia up to carcinoma in situ

Complication

- BOTH CONDITIONS ARE PRECANCEROUS.
- Erythroplakia is associated with a

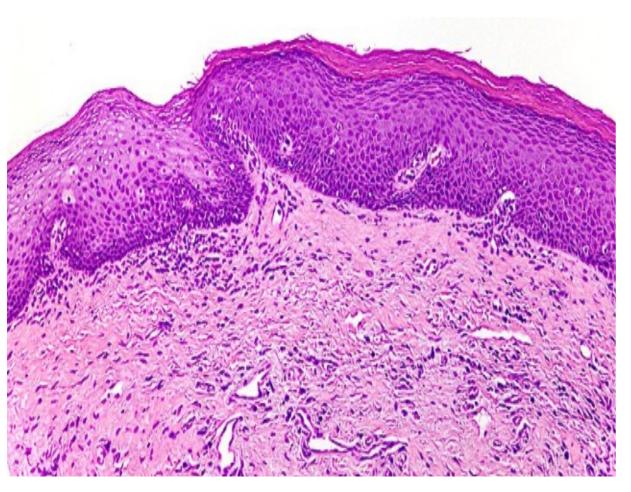


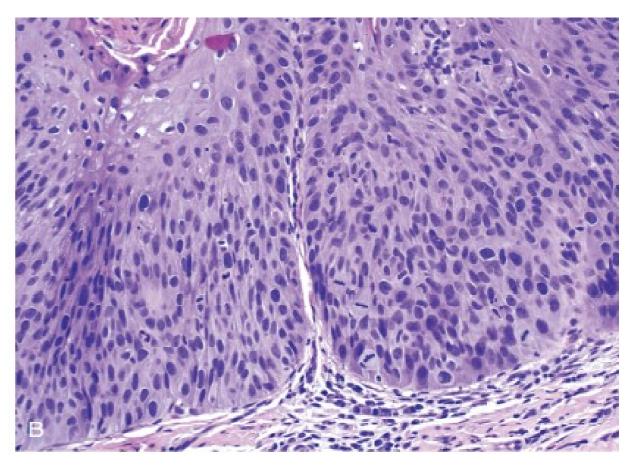
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https://d3i71xaburhd42.cloudfront.net/abefc09bc1db545b5b03049ad6ab62f5a00a782a/6-Figu







sharply demarcated hyperkeratosis with dysplasia, https://www.pathologyoutlines.com/topic/

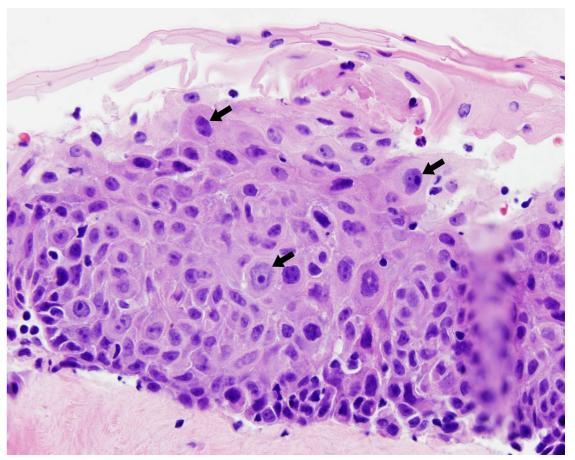
oralcavityleukoplakia.html

Dysplasia



Epithelial dysplasia

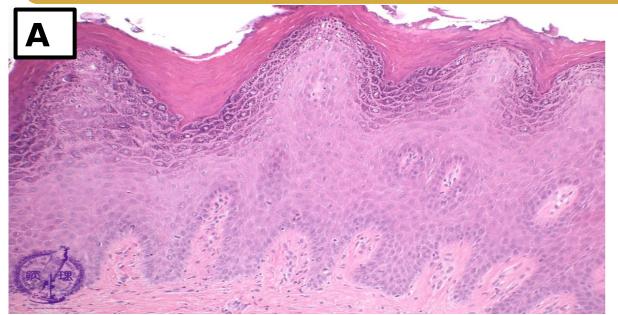


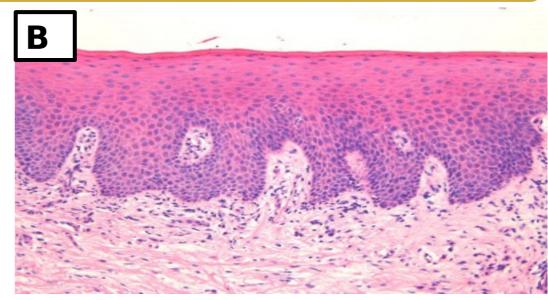


https://medicine.uiowa.edu/iowaprotocols/sites/medicine.uiowa.edu.iowaprotocols/files/011%2520cis

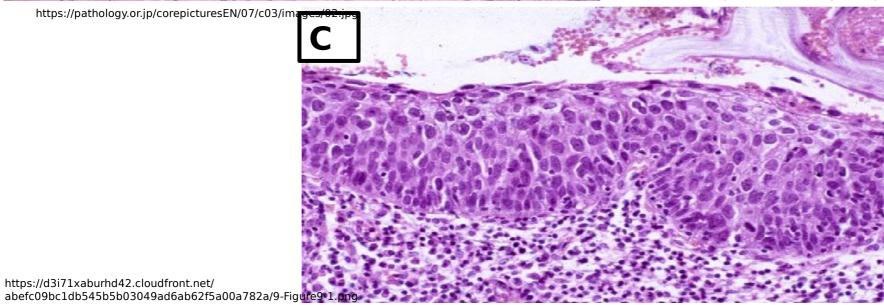
https://ars.els-cdn.com/content/image/1-s2.0-S0968605305001067-gr4.jpg

Which of these is /are a picture of Leukoplaki





https://basicmedicalkey.com/wp-content/uploads/2016/11/n01f001-1.gif



Tumours of oral cavity



Benign tumours:

- Squamous cell papilloma
- Cavernous haemangioma
- Cavernous lymphangioma
- Fibroma
- Tumours of minor salivary glands.

Malignant tumours:

- 1. Squamous cell carcinomas
- 2. Tumours of salivary glands

Squamous cell carcinoma of oral cavity



:Pdf

:Chronic irritation

Leukoplakia or Erythroplakia -1

.Tobacco use -2

Human papilloma virus infection(types -3 .16, 18)

Sites

Lips, tongue(especially anterior 2\3) and .oral mucosa



http://www.jicdro.org/articles/2017/9/2/images/ JIntClinDentResOrgan_2017_9_2_94_221388_f1.jpg

Squamous cell carcinoma of oral cavity



: Gross

Sites: Lips, tongue(especially anterior 2\3) and

.oral mucosa

Fungating polypoid mass



https://img.medscapestatic.com/pi/meds/ckb/52/28152tn.jpg



 $https://www.msdmanuals.com/-/media/manual/professional/images/erythroplakia_high.jpg? \\ mw=350\&thn=0\&la=en$

Squamous cell carcinoma of oral cavity



:Mic

Nests of malignant squamous cells with .keratin pearls formation

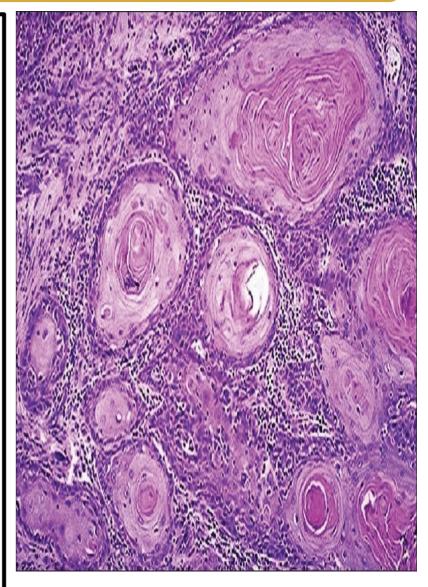
Well, moderate, or poorly differentiated

:Spread

1- Direct: To surrounding structures eg. mouth floor

Lymphatic to regional lymph nodes -2

→cervical



http://www.jomfp.in/articles/2013/17/1/images/ JOralMaxillofacPathol 2013 17 1 45 110720 f10.jpg

Predisposing factors of Squamous cell carcinoma (Quiz)



Oral squamous cell carcinoma may be predisposed by which of the following?

- a. Oral candidiasis
- b. Herpetic Stomatitis
- c. Leukoplakia
- d. Aphthous ulcer

Predisposing factors of Squamous cell carcinoma (Quiz)



Oral squamous cell carcinoma may be predisposed by which of the following?

- a. Oral candidiasis
- b. Oral candidiasis
- c. Herpetic Stomatitis
- d. Leukoplakia
- e. Aphthous ulcer

Key points



- Features of Ulcers of the oral cavity
- Pathologic Features of Leukoplakia/Erythroplakia
- Leukoplakia/Erythroplakia are precancerous lesions
- Pathologic features and predisposing factors of of Squamous cell carcinoma

Suggested Textbooks



Kumar V, Abbas A, Aster J: In Robbins and Cotran pathologic

basis of disease, 10th edition. Elsevier Saunders. Chapter

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Extended Modular Program 29